

**WASHINGTON STATE FIRST PEOPLES' LANGUAGE/CULTURE
TEACHER CERTIFICATION/ENDORSEMENT**

Return this form to:

Washington State Board of Education
Old Capitol Building, PO Box 47206
Olympia, WA 98504-7206
360-725-6025 (office)
360-586-2357 (FAX)
360-664-3631 (TTY/TDD)

Website: www.sbe.wa.gov

SOVEREIGN TRIBAL GOVERNMENT NAME: _____

CONTACT PERSON: _____

ADDRESS: _____ **CITY** _____ **ZIP** _____

PHONE: (____) _____ **FAX:** (____) _____ **EMAIL:** _____

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LANGUAGE/CULTURE TEACHER NAME: _____

ADDRESS: _____ **CITY** _____ **ZIP** _____

PHONE: (____) _____ **FAX:** (____) _____ **EMAIL:** _____

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LANGUAGE/CULTURE - DIALECT DESIGNATION ON CERTIFICATE: _____

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DOCUMENTATION:

_____ **Sovereign Tribal Government's Language/Culture Teacher Certification.**

(Attach copy of tribal certificate, including date of issue.)

[Submit with form on reverse side to SBE office.]

_____ **Completed background check [RCW 28A.410.010 and WAC 180-79A-150(1)(2), Form FD-258 (REV.5-11-99), finger print card; and FORM SPI/CERT 4020B (Rev.11/02), Character and Fitness Supplement].**

[Submit Form FD-258 (Rev. 5-11-99) to Washington State Patrol.]

[Submit Form SPI/Cert 4020B (Rev. 11/02) with form on reverse side to SBE Office.]

The forms are available from school districts, Educational Service Districts, the Office of Superintendent of Public Instruction's Certification Office or Office of Professional Practice, or the State Board of Education office. Form SPI/CERT 4020B is also available at: www.k12.wa.us/

_____ **Completed course or coursework relating to issues of abuse. (RCW 28A.410.035 and WAC 180-79A-030(6).**

(Attach copy of course transcript or other record of completion, with course title, date of completion, and name of provider.)

[Submit with form on reverse side to SBE office.]

This class is available at each of the Educational Service Districts and colleges and universities where teacher preparation programs are offered.

Authorized Tribal Official:

Signature

Date

Print Name and Title